

# FARMINGTON POLICE DEPARTMENT

## POLICY AND PROCEDURE



**Policy Number:**

241-17

**Effective Date:**

04/09/2018

**Subject:**

Responding To Persons With Mental Illness

**Approved by:**

A handwritten signature in black ink, appearing to read "S.D. Hebbe".

**Steven D. Hebbe, Chief of Police**



### **PURPOSE:**

The purpose of this policy is to provide guidance to agency personnel when dealing with persons who are suspected of suffering from mental illness.

### **POLICY:**

It is the policy of the Farmington Police Department to provide an effective response to situations involving individuals who are suspected and/or verifiably mentally ill, in order to avoid unnecessary uses of force and to ensure that proper medical and/or psychological attention are provided.

### **PROCEDURE:**

It is important for employees to have the ability to recognize behavior that is indicative of mental illness, particularly when there is likelihood that an individual will cause serious harm to themselves or others. For purposes of this policy, the term mental illness is defined as any of a variety of conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

The likelihood of serious harm to oneself means it is more likely than not in the near future the person will attempt to commit suicide or will cause serious bodily harm to themselves by violent or other self-destructive means, including but not limited to grave passive neglect. Grave passive neglect means failure to provide for basic personal or medical needs, or for one's own safety; to such an extent that it is more likely than not serious bodily harm will result in the near future.

A likelihood of serious harm to others means it is more likely than not in the near future the person will inflict serious, unjustified bodily harm to another person or commit a criminal sexual offense, as evidenced by behavior causing harm, attempting to harm, or threatening to harm, when such behavior results in reasonable fear of harm from another individual.

### **Recognition of Persons Suffering from Mental Illness:**

It is important to recognize behavior that is indicative of mental illness and that is potentially dangerous to one self and/or others. In attempting to determine whether an individual suffers from mental illness, employees should not rule out other causes of abnormal behavior, including reactions to drugs and/or alcohol, medical emergencies (such as a diabetic emergency), or temporary emotional disturbances. Employees should evaluate the following symptomatic behaviors in the total context of a situation when determining an individual's mental state and the possible need for intervention.

**Degree of Reactions** - Mentally ill individuals may show signs of strong and unrelenting fear of persons, places, or things. For example, the fear of people or crowds may make the person reclusive or aggressive without apparent provocation.

**Appropriateness of Behavior** - A person who acts extremely inappropriate for a given situation may be mentally ill. For example, a motorist who vents frustration in a traffic jam by physically attacking another motorist may be mentally ill.

**Extreme Rigidity or Inflexibility** - Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may exhibit inappropriate or aggressive behavior.

Other Specific Behaviors:

1. Abnormal memory loss, such as name, address, or phone number;
2. Delusions of grandeur, such as stating, "I am Christ", or delusions of paranoia, such as stating, "everyone is out to get me", or "The FBI and CIA have tapped my telephone";
3. Hallucinations of any of the five senses; for example, hearing voices, or feeling one's skin crawl;
4. Belief that the person is suffering from extraordinary physical illnesses that are not possible, such as their heart has stopped beating or they are rotting from the inside out; and/or;
5. Extreme fright, depression or suicidal ideation.

### **Determining Danger:**

Not all mentally ill persons are dangerous. Some may represent danger only under certain circumstances or conditions. Employees may use several indicators to determine whether an apparently mentally ill person represents an immediate or potential danger to themselves, officers, or others. These include the following:

1. The availability of any weapons to the suspect;
2. Statements by the person that suggest to the officer that the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threat that, when taken in conjunction with other information, paint a more complete picture of the potential for violence;
3. A personal history that reflects prior violence under similar or related circumstances. The person's history may be known to the officer, or family, friends, or neighbors may be able to provide such information;
4. Failure to act prior to arrival of the officer does not guarantee that there is no danger, but it does in itself tend to diminish the potential for danger;

5. The amount of control that the person demonstrates is significant, particularly the amount of physical control over the emotions of rage, anger, fright, or agitation. Signs of a lack of control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching one's self or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual may be close to losing control;
6. The volatility of the environment is a particularly relevant factor that officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

### **Dealing With Mentally Ill Individuals:**

If an employee suspects or determines that an individual is mentally ill, the employee will attempt to respond in the following manner:

1. Calm the situation by turning off emergency lights and sirens, when feasible;
2. Disperse crowds, when possible;
3. Assume a quiet, non-threatening manner when approaching the individual;
4. Avoid physical contact, if possible, while assessing the situation;
5. Move slowly, being careful not to excite the individual;
6. Provide reassurance that the police are there to help the individual and that appropriate care will be provided;
7. Attempt to find out what is bothering the individual;
8. While relating to the individual's concerns, allow the individual to vent their feelings;
9. Do not threaten the individual with arrest, unless the individual has committed a crime and an arrest is appropriate;
10. Do not threaten the individual with physical harm; and
11. Attempt to avoid topics which may agitate the subject, and guide the conversation toward topics that seem to ease the situation.

### **Procedures for Emergency Mental Health Evaluations:**

In accordance with NMSA 43-1-10, a peace officer may detain and transport a person for emergency mental health evaluation and care in the absence of a legally valid order from the court only if:

1. The person is otherwise subject to lawful arrest; or

2. The peace officer has reasonable grounds to believe the person has just attempted suicide; or
3. The peace officer, based upon his own observation and investigation, has reasonable grounds to believe that the person, as a result of a mental disorder, presents a likelihood of serious harm to themselves or others and that immediate detention is necessary to prevent such harm; or
4. A licensed physician or a certified psychologist has certified that the person, as a result of a mental disorder, presents a likelihood of serious harm to themselves or others and that immediate detention is necessary to prevent such harm. Such certification shall constitute authority to transport the person.

Any person detained under NMSA 43-1-10 will, whenever possible, be taken immediately to the Emergency Room at San Juan Regional Medical Center to be assessed for admission to the In-patient Behavioral Health Unit. The San Juan County Detention Center shall be used as temporary shelter for such persons only in cases of extreme emergency for protective custody, and no person taken into custody under the provisions of this section shall remain in a detention facility longer than necessary, and in no case longer than 24 hours.

When an individual is detained and transported to the Emergency Room at San Juan Regional Medical Center, the Emergency Room physician will evaluate whether reasonable grounds exist to detain the individual for evaluation and treatment, and if such reasonable grounds are found, the individual will be admitted to the In-Patient Behavioral Unit. If the Emergency Room physician determines that reasonable grounds do not exist to detain the individual for evaluation and treatment, the individual will no longer be detained.

In all instances in which an individual is detained under NMSA 43-1-10, an offense report will be taken by the detaining officer, documenting the circumstances of the incident and the type of behavior that was addressed.

#### **Required Reports:**

In an effort to best facilitate the treatment and rehabilitation of persons suffering from mental illness, it is important to properly document circumstances requiring police intervention. Upon investigation, if a responding officer, through credible information, has reason to believe that a person was or is in danger to themselves or others, a report shall be taken, even when the threat no longer exists. An offense report shall be taken by the responding officer, documenting the circumstances of the incident and the type of behavior that was observed in all instances in which an individual is transported for mental evaluation upon recommendation or persuasion of an officer, whether or not the patient is ultimately admitted to the In-Patient Behavioral Unit (including self-admits).

Add narratives shall not be used in lieu of an offense report. Full reports documenting the situation must be taken.

#### **Agency Personnel Training:**

All employees will receive entry level training regarding the handling of persons with mental illness. Police Officers either receive training through the basic academy or, in the event of newly hired lateral officers, during their field training program. Civilian employees are provided initial training through guidelines issued to them at the time of hire in their Policy and Procedure Manual. Refresher training will be provided to all employees, either in the form of briefing training or advanced training, at least once every three years.